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PATIENT SELF DETERMINATION ACT QUESTIONNAIRE

In order to comply with the Omnibus Budget Reconciliation Act of 1990 and Chapter 745, Florida Statutes, please answer the following questions:

Declaration to Decline Life-Prolonging Procedure (LIVING WILL)

- I have made such a declaration.
- I have **NOT** made such a declaration.

Health Care Surrogate

- I have designated a Health Care Surrogate.
- I have **NOT** designated a Health Care Surrogate.

Durable Power of Attorney

- I have appointed a Durable Power of Attorney for Health Care decisions.
- I have **NOT** appointed a Durable Power of Attorney for Health Care decisions.

I have been provided with information regarding the
PATIENT SELF DETERMINATION ACT.

Signature of Patient or Representative

Date